FILM: BOOK 1

The Audience and the filmmaker

Edited by Robert Hughes

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ALL MY BABIES: Research

George Stoney

In 1951, when All My Babies was commissioned, a majority of the Negro children born in the South were still being delivered by "granny women." Fully two generations after doctors and hospitals had almost completely replaced the "folk" midwife among the white population, these little-trained, largely illiterate, traditionally elderly women were attending a quarter of a million births a year.

As a boy, out on my early morning newspaper route, I had watched these mysterious women moving along the back streets, their starched white aprons—badge of their trade—standing out in the gloom. Later, as a Southern field representative for the Department of Agriculture, I had seen them swinging their black leather bags along the highways, had stopped to give them lifts, and so, gradually, to learn something of their life.

There was Aunt Josie who lived near Maxeys, Georgia. She was not sure how many babies she had delivered in her vaguely 70 years, or how many she had delivered in the previous twelve months. Maybe it was 40. Maybe it was 60. What she did know was that when she got up to five she would hitch-hike sixteen

George Stoney heads Potomac Films, New York. He is at work on the script of Exodus, a story of the migration of Southern Negroes to the North of the U.S.
miles to the county-seat town and report their names and addresses and if they lived or died to a white gentleman at the court house; and he wrote all this down in his big book and gave her 50 cents for her trouble.

“What if the mother were ailing? What if the delivery were... were...” I struggled to find other words for such common complications of birth as placenta previa and prematurity. She caught my meaning.

“I has all kinds. Some comes frontways, some comes backways, some feet first... And mostly they lives.”

“Surely in an emergency you can get a doctor’s help,” I insisted. She shook her head.

“The last old-timey doctor that would travel out to houses to catch babies moved off from here five years ago. These new ones, they won’t even come out for white ladies, ifa they can help it.”

“Then the white women go to the hospital in town,” I prodded her. “What about the rest?” Aunt Josie gave me a sidelong glance. Despite my native accent, this question confirmed a suspicion aroused in her when I had opened the front rather than the back door of the car. Now her slight, whipcord body scrounged as low in the front seat as she could make it, and the rest of the way to town the only answers I could get for all my questions were variations on the phrase: “Mine mostly lives... mostly they does.”

Other midwives whom I came to know, particularly those who operated in the larger towns and cities, suffered from none of Aunt Josie’s obsequiousness. They had had lots of dealings with white men and their women-in-trouble and had learned to charge well for their services; they regarded my inquiries with half-amused toleration as they waited for me to come out with what they assumed was the real purpose of my interest in their work. A few, operating covertly, were true medicine-women, selling their potions of herbs and owl feathers by day in the corners of the open-air markets where they could make business arrangements with bulging customers—under the very eyes of health inspectors who moved along the stalls to make sure that
nothing so harmful as a bit of meat that bore no government grader's stamp was peddled by an enterprising farmer to his small-town customers. Still others I found to be almost primly dedicated women of strong religious bent whose knowledge of sanitation might be faulty, but whose passion for cleanliness—at least the smell and feel and look of it—was as strong as their love of God. All these women, the dedicated and the damned alike, had something undeniably grand about them, as if their casual, almost daily observation of the battle between Life and Death had given them a power to see beyond the veil of present observation that so often blinds us to the truth.

What a magnificent subject for a documentary!

For several years I had toyed with the idea of writing a play or a novel about the midwives. Now that I was in films, it was a feature I dreamed of doing. But after six years of searching, the only people I found who had the slightest interest in putting money into a film about midwives were all connected with public health work, and what they wanted was a simple training aid. Six years in films had taught me a great deal about gift horses. I took the assignment.

My sponsor was the State of Georgia's Health Department. Funds were provided by the Federal Government through its Children's Bureau, with the understanding that the film would also meet the training needs of other Southern states. My technical advisors were two white women in the State Health Department in Atlanta, Miss Hannah Mitchell and Miss Marian Cadwallader, both medically-trained nurse-midwives. Miss Mitchell had spent ten years in the Kentucky mountains as midwife-on-horseback with the Frontier Nursing Service. Now she had the far more difficult job of trying to do something about the standard of care received by the approximately 25,000 Georgia mothers who were delivered by midwives annually. The film to be made was largely her responsibility.

At my first meeting with Miss Mitchell's committee, Dr. Guy Rice, then director of Maternal and Child Health for Georgia, handed me a list of 118 things they had agreed the film should do. Some examples:
The midwife should be impressed with the dignity and responsibility of her calling.

The cooperative relationship between the midwife and local public health staff should be emphasized throughout.

The midwife should be helped to understand the function and importance of each test made in the pre-natal clinic.

The film should demonstrate the proper technique for using the sterile pack... the thumbs-together method of tying the umbilical cord... the correct procedure for examining the placenta and reasons for said examination...

So it went. But I was not discouraged, for the very good reason that no one was telling me how I should convey these points, what my story line should be, where I should shoot, whom I should cast.

To those who know about the production of sponsored films only through hearsay, this kind of confidence in the filmmaker as a craftsman must seem like the most obvious common sense. Most steady practitioners of the trade know that it is all too rare. Fortunately, I had just spent six months working with one of the country’s leading obstetrician-pediatrician teams at a famous hospital making a medical teaching film and had a completed reel—plus a highly satisfactory review from the American Medical Association journal—to indicate that I could handle acceptably the scientific details of the subject at hand. Two years previously I had worked with this same group of Georgia Public Health people on one of the earliest so-called “mental health” films. It had been my first try as a director and their first attempt to act as film sponsors. The result, Palmour Street, had been well received by its intended audience of Negro parents in Georgia and, perhaps more important at this point, it had been praised by psychologists and members of other health department staffs throughout the country—“even up North!”

So when I suggested that I had better go traveling, go talk with nurses and doctors in the county health departments, observe the midwives in training and in action before deciding on the shape and nature of the film, the committee was prepared to grant me this privilege.
I found that since 1928 there had been a rough-and-ready system for licensing midwives in Georgia, enforced strictly or not at all, depending upon the quality and interest of the local health officer. Qualifying exams were perfunctory and seldom included any practical demonstration of skill. At monthly training sessions, which the midwives were required to attend to keep their licenses, the programs usually consisted of theoretical demonstrations by the local public health nurses, whose only experiences in delivery—if any—had been in hospitals.

Traditionally, public health nurses are hard working, practical souls; and I have found few exceptions. Yet among the more than 100 I consulted during my pre-scripting research, only two had gone out with midwives to see how well or badly the theories presented in their neat clinic demonstrations, using dolls, were carried out during actual deliveries. A few were frank enough to say they had avoided such visits because they were afraid they would be called upon by the midwife to do something they knew nothing about. Quite naturally the midwives did not encourage visits which might reveal how far actual practice was from the niceties of procedure diagrammed in the little green handbook from which most nurses read during their monthly training sessions.

The system encouraged duplicity, an art which most Southern Negroes begin to learn by force of circumstances from the first day they enter the white world. One county health officer pridefully had me observe his monthly inspection of the midwives' bags and equipment. I never saw cleaner scissors or whiter towels. Two hours later I was sitting in the kitchen of one of his midwives when she explained without a trace of guile: "Yes, the Doctor, he likes our things to look nice and clean at the inspection. So all us ladies keeps one bag to show and one to carry."

This was one of a dozen stories I took back to Atlanta to bolster my contention that the only person who could convince the midwives that "what the green book said" was realistic and practical would be one of their own number, a Negro midwife whom we could introduce by name and address and case record.
Our film must be a practical demonstration by such a woman in surroundings and under circumstances so unmistakably real that this audience could not question their authenticity.

From my talks with several dozen midwives—in their homes and without the local public health people whenever I could manage it—I had learned a second fundamental attitude which I suggested ought to be equally influential in shaping the film. Mothers who were cooperative, who had clean blankets and baby clothes ready, whose husbands had left enough wood and water handy, whose houses and bedding were neat, tended to receive far better treatment from the midwives than those mothers in whose homes they found none of these things. The more skillful midwives tended to pick their cases from among the “better class of mothers,” leaving the others for their colleagues who were too old or slow or chronically disagreeable to compete. A mother with a reputation for losing babies or having them prematurely was considered “bad luck”; even those midwives who knew better admitted that their other patients didn’t like it when they attended such women. Perhaps equally important was the fact that these luckless women were also a source of black marks for the midwife at many health departments where, in the absence of autopsies or field investigations, every dead baby was simply recorded numerically against the name of the midwife in attendance.

So the shape of the film was beginning to evolve; one built around a strong central figure with whom the audience could identify. We would see this midwife “follow the green book method” in a situation where the mother is cooperative and all goes well, and then rely on the same techniques to help a second, uncooperative mother through a delivery where there is the complication of caring for a premature baby in primitive surroundings. Aspects of pre-natal care, proper techniques during delivery, etc., then become part of a natural story line. Quite obviously one complete delivery must be shown in great detail. All this the committee agreed upon quite readily, reminding me at the same time that, somewhere, I must show a training session in action, must “demonstrate strong and helpful rela-
tionships” between the midwife and her health officer and nurses, and must lay as much stress on after-care as on the pre-delivery sections.

So far so good. I went out to talk some more with the midwives, thinking it better at this time not to bother the committee people with some private worries about dramatic structure. Just how was I to make the midwife’s work with the less cooperative mother acceptable to my skeptical audience, yet win their sympathy and understanding for the problems she illustrates? Just how was I going to avoid a dramatic letdown when the birth of the first child (which should be the natural climax, or so I thought then) must come no more than half way through the film? If I found or invented a frame story, as I was evidently in the process of doing, what chance would I have of finding any midwife whose techniques would meet the standards of the committee, and yet who was also a person capable of inspiring confidence in the mothers on the screen or in the audience who watched it? Obviously the first thing I had to do was find my star, then write around her abilities.

Perhaps it was about this time—when I was scouting for my star—that I began to realize how drastically my view of the midwives and their world had changed since beginning work on this film. Now I was seeing the midwives not as characters out of folklorish fiction, full of dark mystery, but as rather extraordinary women who, for all their ignorance, were struggling to do a vital job against tremendous odds, and who needed help. Quite simply, I had lost my condescension.

My traveling companion was now Dr. William Mason, a Negro physician then employed by the Georgia Health Department. We had become close friends while working together a couple of years before, on Palmour Street. With Dr. Mason there had been, almost from the first, a strong bond of mutual understanding. How patiently he had waited through my first theatrical phase! Now that I was able to see these people as they were, not as I had imagined they ought to be, he was ready to be my guide. Six days and four counties after we left Atlanta we met Mrs. Mary Coley.
Since "Miss Mary," subsequently the star of my film, is today among my dearest friends as well as perhaps the most admirable human being I have ever known, it would be pleasant to think I recognized her merits at first sight. The truth is that I almost missed "finding" her altogether.

Most of the afternoon prior to our first meeting with Miss Mary, Dr. Mason and I had been forced to cool our heels in the outer office of the local health officer, who wanted to make it quite clear that he had strong misgivings about any project that was brought down to him from Atlanta by a white gentleman and a colored man (be he a doctor or not) who were traveling together. When we were finally allowed to explain our mission he mellowed a bit, for he was proud of the record his midwives had made, one of the best in the state. He might well have claimed most of the credit for himself, since a good part of the reason this record was so good was his own insistence that every mother whom the midwives cared for must have at least six monthly pre-natal checkups in his own maternity clinic. Whenever there were indications that the mother might have complications at delivery, she was required to make arrangements with a physician or come into the local hospital, where harsh but medically adequate care was provided through public charity.

"We have a system of O.K. slips," the doctor explained. "Any woman who wants to be delivered by a midwife has to start coming to the clinics at least six months ahead of time or she don't get one. Any midwife I hear of delivering a woman who don't have the O.K. slip gets her license taken away from her by the sheriff; and she don't ever get it back, and I mean ever."

"But if there's an emergency . . ." I began. He brushed me aside.

"You can't give niggers that kind of an excuse." Then, in recognition of Dr. Mason's presence, he added a bit less harshly, "You know what I mean yourself, don't you, Doctor? Give them an inch and they'll take a mile."

I was so angry—and so ashamed, too, hearing such words in
about childbirth despite all Miss Mary’s skill in steering talk into more cheerful channels for the sake of the expectant mother, who often felt compelled to act as hostess for the assembly as well as its chief source of entertainment. Not the least of Miss Mary’s skill lay in her ability to clear the room where the delivery was to take place of all persons save herself and possibly one grandmother or aunt, without incurring the anger of friends and relatives.

I soon learned that it was the unusual husband who hung about. Most would walk out into the fields a mile or so, or down the road to the store where they would wait for word. But this did not imply any lack of interest on their part: rather a feeling that what was happening was beyond the realm of man’s affairs. Once the newborn child and its mother were washed, freshly gowned, and tucked away, a child would be sent scurrying for “The Old Man” to come see the baby.

Regarding the whole event from a script-writer’s point of view, it was this—the arrival of the father to admire his newest offspring rather than the birth itself—that was the natural climax. My first great worry about the dramatic shape of my film had answered itself. Oh yes, there was excitement at the instant of birth, most certainly there was. But the midwife was much too busy at that point to permit anything except the briefest pause, and the mother, too, who was indeed only half through with her job unless the placenta was delivered along with the child. These “real life” situations showed me how utterly false is the impression given by the standard treatment of childbirth in most movies.

All “granny” midwives perform their deliveries without recourse to anesthetic or any drug relief, not even so much as an aspirin tablet for the mother. This is their tradition, now wisely reinforced by law. Once one understands the pitifully low standard of education and training for the group as a whole, it is obvious why the health authorities have done their best to keep the procedures for these midwives as close to nature’s own as possible. The basic equipment they use, save for their gowns,
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mical jibberish of the preacher, the antiphonal shouting of the congregation, the moans and cries of the “saved and sanctified.” The health officer had prepared me for an Aunt Jemima and here was the perfect setting for her. So when Mary Coley did appear, all five feet two inches and 280 pounds of her, I was sure this caricature of the minstrel type was the last person I would ever put on the screen; and I agreed only grudgingly to Dr. Mason’s suggestion that we follow her home and talk a bit more.

“‘There’s something about that woman I like,’” Mason remarked as we followed the dust cloud Mrs. Coley’s old Chevrolet threw up along unpaved Cotton Avenue.

“‘She’s got a car,’” I commented noncommittally, “‘the first midwife we’ve found who can afford that.’” The health officer had told us she did about 125 deliveries a year, about half of all those recorded in the county and charged each mother $30 for her services, nearly double the fee set by most midwives.

Mrs. Coley also owned her own home, a very good one which she and her children had built with their own hands. I complimented her on its appearance as a conventional opening for our interview once we were seated in her parlor. She laughed: “I put one of my boys through carpenter school and another through brick-laying school and then I says to them, ‘We’s gonna see how much you learned!’”

Almost piece by piece, as she could afford it, she had bought the lumber, bricks, shingles and plaster board—each Saturday afternoon another small load—and the young men had constructed this neat, comfortable residence under their mother’s foremanship. Two of her nine children were attending the local Negro college. Three others were in public school and two older ones had attended college elsewhere.

As she talked I had to admit to myself that she had a beautiful voice. Her deep contralto laugh was like a song. Her enunciation, I noted, would be considered good even for a person with professional training, though her accent was clearly that of a southern Georgia Negro. And as she moved about the room, I noted with astonishment that, for all her squat bulk, she was
truly graceful. Her smile was big and open—again the Aunt Jemima touch—yet behind her eyes one felt a reserve. It was as if an intriguing second person were looking at me.

“That’s strange,” I thought, “this is one of the few times I can remember being able to look directly into the eyes of a Negro. She isn’t afraid and she isn’t angry and she isn’t flattered by my presence in her house.” Then, upon my mention of the local health officer, Mrs. Coley lapsed into the conventional meaningless superlatives, and my first fears were momentarily confirmed. I decided to look elsewhere for our star.

Fourteen counties and two weeks later I was knocking upon Miss Mary’s door once more. In the intervening time I had met at least two dozen admirable, competent midwives, each one of whom might have served my needs quite well enough. Yet matched against my strong memory of Miss Mary’s proud eyes, her warm, full laughter, all these other women seemed somehow prim and meager.

Before daring to check my last uncertainties by revisiting Mrs. Coley, I had to pay the ritual call on the white health officer.

“It’s O.K. with me,” he said. “But if you get in any trouble, remember: you’re on your own.”

I assured him that I had been born and raised in the South and had made films here for several years. I knew how to behave, adding, “I also understand the spot you’re in, Doctor, and the last thing I want to do is hurt the work you’re trying to do here.”

He nodded, looked at me hard, then turned away. “Mary Coley knows her business. I don’t know what else you want from me. . . . But if we can help, you’ll let us know, I guess.”

That afternoon I returned to 807 Cotton Avenue to find Miss Mary in her spick-and-span kitchen ironing a white uniform, delivery gown, towels, and lining for her midwife bag. (See the opening of the film. This scene is the first of many that were to be transferred directly from life to script and then to screen through re-enactment.) She gave me a laughing welcome and
countered my proposal with good-natured banter. Now it was her turn to be uncertain. We both knew I was asking her to reveal herself and her patients in a manner that might well be misunderstood in every quarter, but neither of us ever mentioned this. She kept everything on the light side, conducting the interview with a politician’s skill. Politely yet positively, she let me know that, whatever the health officer might have decided, she would have to think the matter over for herself. I began to like her more by the minute.

She sat at the round dining table in her kitchen alcove, while I took a number of stills, using the natural light that flowed through white muslin curtains. In the viewfinder of my Rollei she looked completely relaxed, all the strength and glow of her warm brown features somehow made more apparent by the simple expedient of the square frame.

Might I come back and show them to her tomorrow? Could we go to the local radio station and make a recording of her voice? Might I begin to go out with her as she made her daily round of after-care visits to mothers whom she had delivered within the past few days? (For the time being I thought it best not to suggest accompanying her on deliveries.) She smiled; “You come tomorrow and we’ll walk around to some of my cases.”

It is amusing now to look back and remember how carefully we must have been watching each other during those first weeks together. I found myself fascinated by Miss Mary’s skill, not just the graceful certainty of her hands as she bathed the infants but even more the ingenious way she had of persuading mothers—and grandmothers!—to abandon such harmful superstitions as anointing the umbilical stump with bacon grease, or keeping the mother on a diet completely devoid of green vegetables lest her milk be “tastey.”

Meanwhile she had a chance to find out how her patients regarded me, in many cases the first white man ever to come inside their houses, and certainly the first to be drawn into the intimacies of their family life. We never once discussed such
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things. But within a month she had volunteered an invitation for me to accompany her on delivery calls.

Later I learned that Miss Mary had also talked things over with her one trusted advisor, the bishop of her church. His real name I never knew, but his “revealed name” was Bishop Noah; and since Heaven had apparently said to him, “your name is Noah,” and stopped right there, the Saints (as members of his congregation called themselves) knew him as Bishop Noah Nothing. He headed a small sect called The Church of the Kingdom of God, each chapel of which was known as a Paradise Extension. Miss Mary’s group, being one of the oldest, worshiped in Paradise Extension Three.

Having heard the standard shouting jibberish coming out of that place, it took me quite a while to discover that this was no ordinary church and that Bishop Noah was quite an extraordinary man. He preached a doctrine of social advancement that would have caused no little consternation if its full import had been understood by those loiterers around the court house square who so often spark trouble in a Southern town. About matters of race the Bishop had a deceptively simple doctrine. His congregation was taught “not to be scared of white people.” It worked. When I began attending church with Miss Mary, I found little of the suspicious reserve that so often bars white Southerners from the companionship of Negroes. Soon everyone on Miss Mary’s side of town knew who I was, what I was doing traveling about with her, and—perhaps most important of all—that Bishop Noah had approved of my project.

There was a deal of work to do on my side of town as well. Of course I was staying at the (white) hotel. By the second day I had explained to the desk clerk, to the manager, and the several elderly gossips who hung about the lobby what my mission was, namely: “to make a movie that would help train the colored midwives so they could do a better job of looking after their own.” This story was repeated to the manager of the restaurant across the street and again and again to the taxi drivers who took me out to Miss Mary’s house and other places in the Negro
distress. The taxi drivers would have demanded an explanation had I not volunteered one. For, as I was told repeatedly, the only conceivable reason why a white man would take a cab into colored town would be to search for bootleg whiskey or a woman, in which case the driver would have steered me to those establishments where he could collect a fee for each customer he delivered.

Once this groundwork was laid I gave a brief story to the local newspaper. Gradually, as I became a familiar figure about the town, I found the white citizens taking an interest—actually a kindly interest—in what I was trying to do. Later, when we were in production, this interest was expressed by many of these people in individual acts of kindness, little favors offered shyly as if they were afraid even I might misinterpret their actions. A hardware merchant refused to take pay for portable stoves needed to heat a rural shack where we worked for two weeks. A druggist's wife furnished many of our baby clothes from her children's bureaus. An electrical supplier drove 180 miles to Atlanta one night when our shipment of bulbs failed to arrive, and he too refused payment.

But all this was more than three months away. My first meeting with the script committee had taken place in early August. Miss Mary and I began making her rounds, "traveling together" as she called it, late in September. From then until a few days before Christmas I became in effect her pupil. At first each delivery was, for me, a story in itself. Since the husbands usually called for Miss Mary as soon as their wives "started hollering," we often spent six or eight hours in the home before the baby was born, as long as 24 hours when it was a first birth. There was time and occasion for lots of talk. Most of the time a grandmother or aunt had come, and there were seldom less than half a dozen female friends and neighbors hanging about by the time we drove up.

During the hours of waiting the talk would flow; whole family sagas would come tumbling out and sometimes an old crone would insist on recounting her collection of horror stories
Dr. Mason’s presence and knowing I dare not contradict them—that I scarcely listened as this health officer began talking about the midwives we might consider for our film. Fortunately, Dr. Mason was made of tougher stuff. He seemed to recognize instantly what it took me several months to realize: that in this white health officer, whatever his superficial attitudes might be, we had found a man with deep convictions about his duties and with the energy and skill to carry them out. (It was this same doctor who, a few months later, when our production had created a climate of understanding in which he felt confident enough to drop his protective cloak of prejudice, gave me a superbly warm performance as the clinic physician with whom the midwife is seen working in the film.) At the moment all I could recognize was the harshness of his words.

“Oh I guess we’ve got two or three of them who have sense enough to keep clean and do a fair job. But the only one I’d trust behind my back is Mary Coley.”

“Yes,” I thought to myself, “she’s probably one of those tame ‘white-folk’s niggers’ so many people in authority in the South cultivate to serve as their tale-bearing private agents, and your chief source of news about those deliveries done without O.K. slips. I’ll want none of her!” Aloud I could only thank the doctor for his time, explaining that we were “doing a survey that would include many counties,” and remark that we would be talking personally with each of the midwives he mentioned before we left town that evening.

“That’s your business,” he shrugged, then added pointedly to me, “I wouldn’t spend too much time wandering around the colored side of town if I were you. Folks around here don’t know you.”

Dr. Mason and I, having eaten our dinners in separate restaurants, as required by local custom, visited the midwives whose names the health officer had supplied. Mrs. Coley and her family were at church, so we were not able to see her until after ten o’clock. For more than an hour we sat in our car outside the battered, clapboard building—listening to the rhythm-
can be purchased for about 80 cents: blunt-pointed scissors, a nail brush, orange sticks, and a pan to boil them in immediately before use; soap, towel, and washcloths. The midwives make their own packets containing cotton swabs, ties and gauze bandages for the cord; wrap them in brown wrapping paper and bake them in the oven with a potato. When the potato is done, the packet is sterilized.

In truth it is the mother who “delivers” her baby. The midwives are quite accurate when they say their job is “catching” them. Their chief function, aside from tying and cutting the cord, cleaning the baby, washing its eyes with silver nitrate, discarding the placenta and washing the mother afterward, is to make things as easy for her as possible. Techniques recently given so much attention by advocates of Natural Childbirth have been part of Miss Mary’s stock-in-trade for years. There is something akin to hypnosis in the way she uses song and a kind of crooning whisper when the time of birth approaches.

Watching Miss Mary work, seeing her meet new problems, new conditions in every single household, yet somehow managing to maintain a standard of cleanliness and near-hospital orderliness of routine, I began to see the teaching substance of my film in daily practice. And seen thus, as real and important as life itself in her tremendous hands, things I had once regarded as “merely technical” became fascinating, alive with dramatic meaning and rich in possibilities for visual pattern: the strength of movement as she cut and tied an umbilical cord, for example; the tension and release of her hands as she held them spread to support the infant’s head should it emerge with the next contraction. Here was “story interest” and “teaching point” in a single frame.

My other great problem in dramatic structure—how to show my featured midwife giving equally good service to mothers who are uncooperative, without making her seem incredibly heroic or one who could not discipline her patients—was solved for me quite easily by Miss Mary with a single demonstration. Miss Mary had been called to aid a sixteen-year-old orphan
girl who was about to deliver her second illegitimate and unwanted child. When we arrived just after ten o'clock, we found the aunt and uncle, with whom the girl lived, sitting out on the front porch. They had only curses for this creature, the source of so much shame and expense to them. Muffled moans and cries helped us find the patient. She was lying on a filthy mattress on the floor of a closed-in back porch.

It was pitch black in there and stinking. Miss Mary’s flashlight beam found the girl, huddled under a torn patchwork quilt; then traveled over the rest of the enclosure. There was no evidence that any preparations whatsoever had been made for the delivery. Miss Mary allowed herself one despondent groan.

“Oh, Mr. Stoney,” she said, “I’m so shamed to have you see my peoples living in conditions like this.” Then she set about making things right.

Strolling out to the front porch, she began such a casual passing-the-time-of-day kind of chat with the aunt and uncle that I was flabbergasted. (The girl’s moans and screams had quite unnerved me, accustomed though I was by this time to this aspect of childbirth.) Miss Mary never seemed to ask a direct question. Yet within five minutes she knew where in the house she could find substitutes for most of the things the mother should have ready for the delivery: rags that could be boiled up and dried out before the fire to make perineal pads; a clean but worn-out shirt that could serve as the child’s first garment. Within half an hour she had the aunt working cheerfully along with her to scrub out the front room and make it ready for the delivery, while the uncle chopped wood and hauled water. The girl herself had stopped her shrieks and, between contractions, was able to lend a hand with the work.

All the while Miss Mary kept the two women entertained with cheerful news about other mothers and babies and deliveries, somehow building up an atmosphere of happy anticipation for the birth at hand. When the baby did arrive, fortunately a husky youngster who came into this unpromising world with a minimum of immediate pain to his mother, she, the aunt and uncle, all seemed genuinely glad to greet it.
Out of chaos, despair, and filth, Miss Mary had produced another clean and relatively trouble-free delivery. Five hours later we were ready to go home.

By late December the script was done, written for the most part around Miss Mary and her patients who would play themselves. With first shooting scheduled to begin the week after New Year’s, a whole new set of problems remained to be solved: for example, finding an experienced (which meant a non-Southern) production crew who could work quietly and understandingly in the local atmosphere of racial truce. Yet I could not help but feel elated at the prospect of getting it all on film. For Miss Mary had, without knowing it, shown me how to translate almost every one of the committee’s 118 “teaching points” into dramatic action. And during these months something even more important had occurred. The two of us, granny midwife and itinerant filmmaker, had pierced that great wall of prejudice and fear that separates almost every Southern white person from almost every Southern Negro. We could communicate with open hearts. I dared to hope our film might share this quality.